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| APPLICATION NO.  | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|--|-------------|----------------------|---------------------|------------------|
| 10/531,886   | 04/15/2005  | Giuseppe De' Longhi  | 23280               | 6116             |
| 535  | 7590        | 10/16/2009           |                     |                  |
| K.F. ROSS P.C.<br>5683 RIVERDALE AVENUE<br>SUITE 203 BOX 900<br>BRONX, NY 10471-0900 |             |                      |                     |                  |
| EXAMINER   |             |                      |                     |                  |
| TEATERS, LINDSEY C   |             |                      |                     |                  |
| ART UNIT   |             | PAPER NUMBER         |                     |                  |
| 3742   |             |                      |                     |                  |
| MAIL DATE  |             | DELIVERY MODE        |                     |                  |
| 10/16/2009   |             | PAPER                |                     |                  |

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

|   |  |  |
|---|--|--|
| <b>Index of Claims</b><br> | <b>Application/Control No.</b><br>10531886 | <b>Applicant(s)/Patent Under Reexamination</b><br>DE' LONGHI, GIUSEPPE |
|   | <b>Examiner</b><br>LINDSEY C TEATERS       | <b>Art Unit</b><br>3742  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            |            |  | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|------------|------------|------------|--|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM  |          | DATE       |            |            |  |                              |  |                               |  |                                 |  |
| Final  | Original | 11/25/2008 | 07/06/2009 | 10/13/2009 |  |                              |  |                               |  |                                 |  |
|  | 1        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 2        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 3        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 4        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 5        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 6        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 7        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 8        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 9        | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 10       | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 11       | ✓          | -          | -          |  |                              |  |                               |  |                                 |  |
|  | 12       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 13       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 14       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 15       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 16       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 17       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 18       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 19       |            | ✓          | ✓          |  |                              |  |                               |  |                                 |  |
|  | 20       |            | ✓          | -          |  |                              |  |                               |  |                                 |  |